*NIAGARA DISTRICT HEALTH COUNCIL*
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# *REPORT OF HOSPITAL RESTRUCTURING RECOMMENDATIONS OF THE NIAGARA DISTRICT HEALTH COUNCIL TO THE MINISTER OF HEALTH*

*March 25, 1998*

*Approved by Council for distribution on April 22, 1998.*

# REPORT OF HOSPITAL RESTRUCTURING
# RECOMMENDATIONS OF THE NIAGARA DISTRICT HEALTH COUNCIL
# TO THE MINISTER OF HEALTH

## BACKGROUND

The recommendations contained in this report advising the Minister of Health on hospital restructuring for Niagara, were approved for public distribution on April 22, 1998 by the Niagara District Health Council.

The recommendations were developed by Council at its special meeting on hospital restructuring held on March 25, 1998 at the Ramada Parkway in St. Catharines. This special meeting, commencing at 1:30 and concluding at 8:20 p.m., was also taped and broadcast by Cogeco Cable 10 and aired by Grimsby Cable 14.

The entire process of hospital restructuring began in May 1994 when the Administrators' Coordinating Committee (which includes CEO representatives from each hospital in Niagara) presented Council with draft terms of reference accepted by all hospitals, with the request that Council, as an impartial planning body, should lead the study process. While implementation of the strategic planning portion of the study was delayed for funding reasons, Council decided to proceed with the visioning portion of the exercise.

A special committee of Niagara citizens appointed by Council was chosen to develop a vision statement. This draft vision was presented to the public for feedback in February 1996. A final version was adopted by Council in May 1996. The purpose of the vision was to provide a framework for restructuring of the health care system in Niagara. The community Vision developed for Niagara into the 21st century included a fully integrated health system, "coordinated and monitored by a local organization which will be responsible for ensuring appropriate and equitable distribution of health services across the entire region and for introducing initiatives to improve quality of care."

As the visioning process was proceeding, Council was asked by the Minister of Health in November 1995 to lead the planning for restructuring of Niagara's hospital system, as a first phase in planning for an integrated health system in Niagara. Final approval and funding to proceed with the restructuring study were received from the Ministry at the end of March 1996.

Council undertook a recruitment process to select a 12-member Hospital Restructuring Steering Committee, including: 4 consumers; 1 hospital trustee; 1 physician; 1 hospital-based nurse; 1 unionized, front-line worker; 1 non-unionized, front-line worker; 1 community-based health service provider; 1 member, Community Visioning Steering Committee; and, 1 member, Niagara District Health Council. Following a district-wide recruitment process, 51 applications were received by Council's Selection Task Force. The Selection Task Force interviewed about half of the applicants and recommended membership on the Steering Committee based on experience, fit with the membership categories, availability and geographic distribution.

The Hospital Restructuring Study took one year to complete. Highlighted below are milestones in the study from the period April 1996 to March 1997. The study process was very intensive involving hundreds of providers and consumers as volunteers. The public became very involved in "Public Open Houses" throughout the region following release of the Hospital Restructuring Steering Committee's initial report for public consultation in December of 1996.

Hospital Restructuring Study Milestones, April 1996 - March 1997

- Orientation of the Steering Committee, April 1996.
- Selection of a consulting firm to assist the Steering Committee and project staff, May 1996.
- Development of a workplan and review of relevant background information and data, May - November 1996.
- Recruitment and selection of over 300 consumers and providers to serve on 19 subcommittees, May - July 1996.
- Steering Committee members' tour of all hospitals, June - July 1996.
- Steering Committee Chair and project staff meet with hospital boards, service clubs and community groups to present objectives of the study, May - November 1996.
- Subcommittee meetings, August - November 1996.
- "Update" newsletters, published from April 1996 - March 1997.
- Stakeholder Focus Group, October 1996.
- Human Resources/Labour Forum, November 1996.
- Release of initial report, December 1996.
- Seven public open houses held across the region, January/February, 1997. Approximately 15,700 people attended the open houses at which 118 presentations were made.
- Public feedback on the initial report also included 1,930 calls to a special 1-800 line and 4,457 written submissions.
- Steering Committee's review of feedback and reconsideration of all original recommendations, February/March 1997.
- Steering Committee presents "Final Advice" report to Council, March 1997.

Following receipt of the Steering Committee's "Final Advice" report in March 1997, at which time the Steering Committee was thanked for their effort on behalf of all Niagara residents, the Steering Committee was disbanded.

Council sought feedback from Hospital boards and its committees on the Steering Committee's "Final Advice" report in April 1997, after which it was asked to postpone debate of hospital restructuring in May 1997 pending release of the Ministry's imminent rural health care policy.

In late July 1997, Council received the Ministry's "Rural and Northern Health Care Framework" and developed a process to address this policy over the summer. Council representatives met with hospital CEOs and Board Chairs to discuss the Council process for addressing the Ministry's Rural and Northern Health Care Framework in September 1997. Council also received verbal feedback from hospital boards and its six advisory committees on the implications of the Ministry's Rural and Northern Health Care Framework in October 1997. This day-long session was open to the public and broadcast by local cable TV stations.

To address the Ministry's Rural and Northern Health Care Framework, Council held four half-day "Key Stakeholder Forums" with approximately sixty representatives from all local hospitals and community health agencies. These forums were held between October 1997 and January 1998 to obtain stakeholder input on revised hospital system and governance models. Health Council members were invited to attend as observers to hear the discussions. As a result of consulting key stakeholders, the "Final Advice" report recommendations were modified as presented in the document, "Overview of Niagara's Hospital Restructuring Study and Final Recommendations and Report of Hospital Stakeholder Forums to Incorporate the Rural and Northern Health Care Framework," March 25, 1998.

Prior to the Council's special meeting on hospital restructuring, Council had information sessions to learn more about the technical aspects of the Steering Committee reports, recommendations from the Key Stakeholder Forums and background materials. In summary, the main reference documents contain more detailed information and include:

- Made in Niagara - Transforming Niagara's Hospital System: Summary Report of the Niagara Hospital Restructuring Steering Committee of the Niagara District Health Council (December 1996);

- Made in Niagara - Transforming Niagara's Hospital System: Final Advice of the Hospital Restructuring Steering Committee of the Niagara District Health Council (March 1997); and,

- Overview of Niagara's Hospital Restructuring Study and Final Recommendations and Report of Hospital Stakeholder Forums to Incorporate the Rural and Northern Health Care Framework, March 25, 1998.

## RECOMMENDATIONS

### GOVERNANCE

1. THAT, the four large urban Level C hospitals merge under a single governance, but that some special arrangement be made with the Hotel Dieu Hospital to accommodate its philosophy.

2. THAT, there be a single governance structure for all Level A and B hospitals, to include the Shaver Hospital, and that this single governance enter into formal alliance with the Level C hospitals' governance.

3. THAT, in view of the fact that Council has recommended the allocation of beds at the Hotel Dieu/St. Catharines General Hospital site, the Greater Niagara General Hospital site and the Welland County General Hospital site in relation to local (short-term) rehabilitation, Council deems it to be more appropriate to place the Niagara Rehab Centre in the governance structure of Level C hospitals.

### ACUTE CARE

4. THAT, the Niagara District Health Council recommend to the Minister of Health that the Niagara-on-the-Lake Hospital be designated as Level A with no acute care beds.

5. THAT, the Niagara District Health Council recommend to the Minister of Health that the Douglas Memorial Hospital be designated as Level B with acute care beds.

6. THAT, the Niagara District Health Council recommend to the Minister of Health that the Port Colborne General Hospital be designated as Level B with acute care beds.

7. THAT, the Niagara District Health Council recommend to the Minister of Health that the West Lincoln Memorial Hospital be designated as Level B with acute care beds.

8. THAT, the Niagara District Health Council recommend to the Minister of Health that the Welland County General Hospital be designated as Level C with acute care beds.

9. THAT, the Niagara District Health Council recommend to the Minister of Health that the Greater Niagara General Hospital be designated as Level C with acute care beds.

10. THAT, the Niagara District Health Council recommend to the Minister of Health that the St. Catharines General Hospital and Hotel Dieu Hospital exist at a single St. Catharines site for acute care services at which both the St. Catharines General Hospital and the Hotel Dieu Hospital cooperatively and collaboratively exist as they are presently constituted.

11. THAT, the Niagara District Health Council recommend to the Minister of Health that patient places be allocated as designated in Recommendations 7 and 8 of the "Modified Recommendations" outlined in the "Overview of Niagara's Hospital Restructuring Study and Final Recommendations and Report of Hospital Stakeholder Forums to Incorporate the Rural and Northern Health Care Framework," with the exception that 28 total acute care beds be designated to the Port Colborne General Hospital site, and that the Welland County General Hospital bed designations be reduced by the same number.

12. THAT, the Niagara District Health Council recommend to the Minister of Health that the Emergency Health Services Branch of the Ministry of Health expedite the training of at least 30 additional Niagara-based level 2 (full) paramedics and fund the costs of at least 5 additional ambulance vehicles to ensure that all Niagara communities have 24-hour, level 2 paramedic coverage in place prior to the restructuring of hospital services.

13. THAT, the Niagara District Health Council recommend to the Minister of Health that the proposed Niagara hospital governing boards monitor the hospital utilization patterns of the residents of Niagara and consider whether it is necessary to realign any programs to ensure that adequate capacity exists at all the hospital sites.

**REGIONAL PROGRAMS**

14. THAT, the Niagara District Health Council recommend to the Minister of Health that a full spectrum of Niagara health service providers including the proposed Niagara hospital governing boards and the Niagara District Health Council work with Hamilton-based referral centres and planning partners to develop and enhance linkages to hospital sites in the Niagara region for tertiary level care, research, continuing education of Niagara health care personnel and the training of medical residents.

15. THAT, Council recommend to the Minister of Health that the Niagara District Health Council and the proposed Niagara hospital governing boards work together, in conjunction with the Hamilton Regional Cancer Centre and other planning partners, to plan the delivery of cancer services to meet the priority needs of cancer patients in Niagara, ensuring reasonable access to a coordinated and integrated system of preventive, diagnostic, treatment and palliative programs and services, including radiation therapy.

**COMPLEX CONTINUING AND SUB-ACUTE CARE**

16. THAT, Council recommend to the Minister of Health that the complex continuing care services be distributed across the region in the following five sites:
    - Shaver Hospital site, with 116 beds;
    - Greater Niagara General Hospital site, with 45 beds;
    - Welland County General Hospital site, with 50 beds;
    - Douglas Memorial Hospital site, with 16 beds; and,
    - West Lincoln Memorial Hospital site, with 13 beds; and,

    THAT, Council recommend to the Minister of Health that sub-acute care beds be distributed across the region in the following six sites with acute care beds:
    - Hotel Dieu/St. Catharines General Hospital site, with 40 beds;
    - Greater Niagara General Hospital site, with 20 beds;
    - Welland County General Hospital site, with 14 beds;
    - Douglas Memorial Hospital site, with 5 beds;
    - West Lincoln Memorial Hospital site, with 5 beds; and,
    - Port Colborne General Hospital site, with 4 beds.

17. THAT, Council recommend to the Minister of Health that Geriatric Day Hospital programs be established at the Shaver Hospital site, the Greater Niagara General Hospital site, and the Welland County General Hospital site.

**REHABILITATION**

18. THAT, the Niagara District Health Council recommend to the Minister of Health that, in the restructured hospital system, local short term rehabilitation beds should be located at the following three sites:

    - Hotel Dieu/St. Catharines General Hospital site, with 18 beds;
    - Greater Niagara General Hospital site, with 10 beds;
    - Welland County General Hospital site, with 7 beds; and,

THAT, the Niagara District Health Council recommend to the Minister of Health that 34 local long term and 8 regional rehabilitation beds be situated through the Niagara Rehabilitation site at the Shaver Hospital.

**LONGER TERM/TERTIARY MENTAL HEALTH CARE**

19. THAT, Council recommend to the Minister of Health that 53 tertiary mental health beds be relocated from Hamilton to Niagara and that a new tertiary mental health program be developed.

20. THAT, Council recommend to the Minister of Health that consideration be given to a broad range of management and program service models in developing the new tertiary mental health program and that a "Request for Proposals" be called for management of the program.

21. THAT, the Niagara District Health Council recommend to the Minister of Health that the Ministry of Community & Social Services be approached to repatriate tertiary mental health care for Niagara's children and youth from London to Niagara.

22. THAT, the Niagara District Health Council recommend to the Minister of Health, that 8 child and adolescent acute mental health beds identified by the Health Services Restructuring Commission as being needed by Niagara residents be located in Niagara and not in Hamilton.

23. THAT, the Niagara District Health Council recommend to the Minister of Health that the new tertiary mental health service be located in one of the following sites, and that the DHC will advise the Commission at a later time of a preferred choice for the site:

    - In Port Colborne, at the Port Colborne General Hospital site;
    - In Welland, at the Welland County General Hospital Site; or,
      In St. Catharines, at the site not utilized by the Hotel Dieu/St. Catharines General Hospital.

24. THAT, Council recommend to the Minister of Health that a separate governance be allowed for the new tertiary mental health program for the Niagara region to enter into formal alliances with the two governing bodies of Niagara's hospitals.

**WORKFORCE ADJUSTMENT**

25. THAT, the Niagara District Health Council recommend to the Minister of Health that Council immediately seek Ministry of Health funding to establish an advisory group with a mandate to develop a regional hospital work force adjustment strategy that will ensure fair and equitable treatment of health care personnel during hospital restructuring. This advisory group should be formed without delay and membership should reflect labour, management and physician perspectives; and,

    THAT, the Niagara District Health Council recommend to the Minister of Health that, during the development of a regional work force adjustment strategy, the advisory group of the Niagara District Health Council consider as much as possible the value of maintaining teams of specialized health care personnel.

**REINVESTMENTS**

26. THAT, the Niagara District Health Council recommend to the Minister of Health that the necessary reinvestments in non-hospital services be made as a prerequisite to implementation of the proposed restructuring plan, as follows:
    - Geriatric Day Hospital Programs - $2.3 million
    - Geriatric Services - $2.6 million;
    - Home Care - $4.4 million;
    - Pre-Hospital EHS - $1.9 million; and,
    - Palliative Care - $1.5 million.

27. THAT, the Niagara District Health Council recommend to the Minister of Health that none of the recommendations pertaining to specific hospital restructuring occur until recommended strategic reinvestments have been made, with the understanding that these strategic reinvestments are operating dollars and not capital dollars.

28. THAT, the Niagara District Health Council recommend to the Minister of Health, that, in accordance with the Health Services Restructuring Commission's interim planning guidelines and as noted in recommendation #26, required reinvestments be made in post-acute home care services to offset the impact of hospital restructuring. Additional reinvestments are also needed for associated caregivers and community supports.

29. THAT, the Niagara District Health Council recommend to the Minister of Health that, in accordance with the preliminary Health Services Restructuring Commission interim planning guidelines, resources be invested for a minimum of 1,872 additional long term care places, including 468 additional long term care facility beds along with the associated required rehabilitation supports.

30. THAT, the Niagara District Health Council recommend to the Minister of Health that the Ministry of Health approve the proposal of the Niagara Regional Palliative Care Services Steering Committee to establish 20 hospice beds in Niagara and reinvest annual operating funds as noted in recommendation #26.

31. THAT, the Niagara District Health Council recommend to the Minister of Health, that in consultation with the proposed Niagara hospital governing boards, the Ministry of Health allocate an appropriate level of funding to operate a shuttle service among hospital sites to ensure that residents from all municipalities have adequate access to all levels of hospital care. It is essential that a feasibility study be completed and resources to support the operation of this service be in place before any restructuring of hospital services occurs. The shuttle service should work closely with the Mobility Niagara Transportation Committee to develop cost-effective solutions to transportation for those with special transportation needs to allow them access to hospital and community-based health services.

32. THAT, the Niagara District Health Council recommend to the Minister of Health that the necessary investments in capital construction and renovation projects be made as a prerequisite to implementation of the proposed restructuring plan.

**FRENCH LANGUAGE SERVICES**

33. THAT, the Niagara District Health Council recommend to the Minister of Health that the proposed Niagara hospital governing boards consider the provision of French language services at all hospital sites, where this is appropriate and consistent with the Niagara District Health Council's French Language Services Plan.

**IMPLEMENTATION ISSUES**

34. THAT, the Niagara District Health Council recommend to the Minister of Health that, during the implementation phase of the proposed restructuring of hospital services, the proposed Niagara hospital governing boards ensure that there are minimal disruptions in the continuity of services for all hospital programs and services.

35. THAT, the Niagara District Health Council recommend to the Minister of Health that a regional health information and communication technology needs assessment and planning study should be conducted and implemented as an integral component of the implementation of the restructuring plan. The study should incorporate information systems development within community health services and, particularly, in long term care facilities, as appropriate linkages with hospital information systems.

**IMPACT ON COMMUNITY-BASED SERVICES**

36. THAT, the Niagara District Health Council recommend to the Minister of Health that any regional or municipal authority which is responsible for the control and/or funding of health-related services in Niagara be held accountable for ensuring that provincial standards of care are maintained or improved and that these standards are consistent across the region, as appropriate.

**ADDITIONAL STUDY REQUIRED**

37. THAT, the Niagara District Health Council recommend to the Minister of Health that the Niagara District Health Council seek funding from the Ministry of Health to commence a study for an integrated health care delivery system to incorporate a centrally located state-of-the-art hospital in Niagara within the next five to ten years.

38. THAT, the Niagara District Health Council recommend to the Minister of Health that a provincially mandated body, such as the Joint Policy and Planning Committee (JPPC) of the Ontario Hospital Association (OHA) and the Ministry of Health, conduct an analysis of current per capita health care funding levels across the province that will account for differences in access to health services (including hospital services), the age and sex distribution of a population, and any other factors, such as the availability of community health services and family physicians, that may contribute to variations in the utilization of health services. Council further recommends that this analysis be completed prior to any restructuring of hospital services in Niagara.

**FUNDING ISSUES**

39. THAT, the Niagara District Health Council recommend to the Minister of Health that the Ministry of Health ensure that 100% of the capital costs required to implement hospital restructuring in Niagara are borne by the province.